

Essex County Sheriff's Department Leadership Academy

Student Program Applicant Information

To Parents: Thank you for completing this form on behalf of your son or daughter. The Essex County Youth Leadership Academy is a non-profit educational service. The academy will use a wide variety of games, team-building activities, to develop teamwork and cooperation. This initiative will prepare the participants for the challenges of the low and high ropes course. Some of these activities can be physically demanding, however, they are designed to be within the capability of any student who is in reasonably good health. For further information contact Assistant Director of Training John O'Connor at 978-750-1900 ext. 3315.

Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past medical conditions that could effect his/her participation, please let us know.

Part One: General

Program Dates From: _____ To: _____

Student's Name _____ Date of Birth _____ Sex Female ___ Male___

Home Address _____

Parent(s)/Guardian(s) _____

Home Telephone _____ Business telephone _____

E-mail address (optional) _____

If you are not available in an emergency situation, please indicate an additional person to be notified

Name _____ Telephone _____

Relationship to student _____

Part Two: Insurance Information

Is this student covered by family medical/hospital insurance? Yes _____ No _____

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Part Three: Medical Questions

A. Does your child have any current or past medical conditions that could effect his/her ability to participate in the Leadership Academy? Yes ☐ No ☐ If yes, identify and explain:

B. Is your child currently taking any medication? Yes ☐ No ☐

If yes, please state what medication and the condition being treated:

C. Does your child have any of the following conditions?

- | | |
|--|---|
| <input type="checkbox"/> Recent injury or infectious disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chronic or recurring illness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies (medication, food, bee sting, etc.) | <input type="checkbox"/> Recent surgery |

If you checked any of the above, please provide additional information: _____

D. Do you give the Sheriff's Leadership Academy staff permission to administer the following over-the-counter medication(s) should the need arise?

	Yes	No
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Part Four: Release of Liability / Acknowledgment of Risk / Photo/Media Release

I understand the I/we are voluntary participating in the Essex County Sheriff's Office Leadership Academy. In an effort to best serve my child I give my permission for the Essex County Sheriff's Office Staff to speak freely with the school and any/all of the individuals named on this application who are working with my child.

Waiver of Claims:

I have been made fully aware of and understand the purpose and specific activities that my child will participate in during his/her participation in the Essex County Sheriff's Leadership Academy. Therefore, I hereby agree to indemnify and hold harmless, release and forever discharge the Essex County Sheriff's Office, their employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, damages, and liability (including negligence claims) in law and in equity which may arise or result from my child's participation in the leadership Academy including costs and reasonable attorney fees. The terms herein shall serve as a release not only for myself but also for all members of my family. I/we assume the risk of any and all injuries that may occur during participation in the program.

Photo/Media Release

I grant to the Essex County Sheriff's Department Leadership Academy the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of the participant for use in materials they may create.

Parent/Guardian _____
print name signature

Date: _____

Please mail completed forms to:

Training Department
Essex County Sheriff's Headquarters
20 Manning Ave. Middleton, MA 01949